DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

83861

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ST. MARIES, CITY OF ADDRESS: 602 COLLEGE AVENUE

ST. MARIES, ID 83861

FACILITY: ST MARIES, CITY OF - ST MARIES WWTP

LOCATION: HIGHWAY 3 (COEUR D'ALENE RESERVATION)

ST MARIES, ID 83861

ATTN: MARK REYNOLDS, PUB WORKS DIR

ID0022799		001-A					
PERMIT NUMBER	DISCHARGE NUMBER						
MONIT	MONITORING PERIOD						
MM/DD/YYYY		MM/DD/YYYY					
	_						

DMR Mailing ZIP CODE:

MINOR

(SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

External Outfall

No Discharge

		QUA	ANTITY OR LOADING	3	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.6				Weekdays	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Dxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	****	*****	4.8	4.8	****			Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	219.39	357.29		*****	11.15	12.8			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	978.17	*****		*****	74.6	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Н	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	7.68			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 DAILY MN	*****	8.5 DAILY MX	SU		Weekdays	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	****	64.4	64.4			Once Every 2 Months	COMP24
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once Every 2 Months	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	158.66	227.22		****	8.63	34.5			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
NAME/TITLE PRINCIPAL EXECUTIVE	supervision in	accordance with a system design	nt and all attachments were prepar	nnel properly gather and				T	TEL	EPHONE	DATE

evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	707.15	****		*****	46	*****			Weekly	COMP24
0530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
litrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	****	3.79	4.3			Weekly	COMP24
0610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	****	*****	****	7.34	7.34			Monthly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite plus nitrate dissolved 1 det.	SAMPLE MEASUREMENT	*****	****	*****	****	.539	.539			Monthly	COMP24
00631 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	*****	****	.74	.74			Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	****	*****	****	40.05	40.05		1	Once Every 2 Months	COMP24
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once Every 2 Months	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	*****	****	*****	****	NODI 9	NODI 9				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMP24
NAME/TITLE PRINCIPAL EXECUTIVE	supervision in	accordance with a system design	and all attachments were preparted to assure that qualified person by inquiry of the person or person	nnel properly gather and					TEL	EPHONE	DATE

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ST MARIES, ID 83861

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Γ	ID0022799		001-A					
	PERMIT NUMBER	DISCHARGE NUMBER						
	MONITORING PERIOD							
	MM/DD/YYYY]	MM/DD/YYYY					
	03/01/2014	٦.	03/31/2014					

DMR Mailing ZIP CODE:

83861

MINOR (SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	****	*****	*****	2	2			5 Times Every Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.89	3.758		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.545	2.19		*****	.048	.08			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	3.89 MO AVG	5.09 DAILY MX	lb/d	*****	.233 MO AVG	.305 DAILY MX	mg/L		Five Per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	****	*****	85	****	*****			Weekly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MINIMUM	*****	*****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	81	****	*****		1	Weekly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MINIMUM	****	*****	%		Weekly	CALCTD

			_	_	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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LOCATION: HIGHWAY 3 (COEUR D'ALENE RESERVATION)

ST MARIES, ID 83861

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Г	ID0022799		001-A					
	PERMIT NUMBER	DISCHARGE NUMBER						
	MONITORING PERIOD							
	MM/DD/YYYY		MM/DD/YYYY					
	04/01/2014	7	04/30/2014					

DMR Mailing ZIP CODE:

MINOR

(SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

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External Outfall

No Discharge

		QUA	ANTITY OR LOADING	3	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	10.48	11.9			Weekdays	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Dxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	****	*****	7.23	7.23	****			Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	257.78	351.02		*****	16.45	22.4			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	961.56	*****		*****	86.52	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Н	SAMPLE MEASUREMENT	*****	*****	*****	6.65	*****	8.48			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 DAILY MN	*****	8.5 DAILY MX	SU		Weekdays	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	****	49.7	49.7			Once Every 2 Months	COMP24
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once Every 2 Months	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	364.34	376.1		****	23.25	36			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
NAME/TITLE PRINCIPAL EXECUTIVE	supervision in	accordance with a system design	nt and all attachments were prepar	nnel properly gather and					TEL	EPHONE	DATE

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No Discharge

		QUA	NTITY OR LOADING	}		QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	816.55	*****		*****	73.5	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.902	1.46			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	7.11	7.11			Monthly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite plus nitrate dissolved 1 det.	SAMPLE MEASUREMENT	****	*****	*****	*****	.86	.86			Monthly	COMP24
00631 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.08	1.08			Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	41.9	41.9			Once Every 2 Months	COMP24
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once Every 2 Months	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI 9	NODI 9				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMP24
NAME/TITLE PRINCIPAL EXECUTIVE	supervision in evaluate the in	accordance with a system desig formation submitted. Based on r	at and all attachments were prepar ned to assure that qualified person my inquiry of the person or person	nnel properly gather and s who manage the					TEL	EPHONE	DATE
	to the best of r	ny knowledge and belief, true, a	or gathering the information, the in occurate, and complete. I am aware ation, including the possibility of fin	e that there are	SIGI	NATURE OF PRINCIPAL	EXECUTIVE OFFICER	ROR			

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DMR Mailing ZIP CODE:

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(SUBR 01)

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		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	****	*****	*****	2.75	2			5 Times Every Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.38	1.83		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.683	2.35		*****	.069	.15			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	3.89 MO AVG	5.09 DAILY MX	lb/d	*****	.233 MO AVG	.305 DAILY MX	mg/L		Five Per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	81	*****	*****			Weekly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	68	*****	*****			Weekly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Weekly	CALCTD

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEPHONE		DATE
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